

OCT 05 2004

BEAS REGION 5  
U.S. EPA

## PRE-CERCLIS SCREENING ASSESSMENT CHECKLIST/DECISION FORM

This checklist can assist the site investigator during the Pre-CERCLIS screening. It will be used to determine whether further steps in the site investigation process are required under CERCLA. Use additional sheets, if necessary.

Checklist Preparer:

LAWRENCE Fox 8-23-2004  
(Name/Title) (Date)  
P.O. Box 12436 414-383-8546  
(Address) (Phone)  
Lawrence.Fox@DNR.STATE.WI.US  
(E-Mail Address)

Site Name:

Cream City Smelting Works

Previous Names (if any):

N/A

Site Location:

2700-2799 W. Evergreen Lane  
(Street)  
MILWAUKEE WI 53215  
(City) (ST) (Zip)

Latitude:

43° 01' 33.3"

Longitude:

87° 56' 54.5"

Complete the following checklist. If "yes" is marked, please explain below.

	YES	NO
1. Does the site already appear in CERCLIS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is the release from products that are part of the structure of, and result in exposure within, residential buildings or businesses or community structures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the site consist of a release of a naturally occurring substance in its unaltered form, or altered solely through naturally occurring processes or phenomena, from a location where it is naturally found?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Is the release into a public or private drinking water supply due to deterioration of the system through ordinary use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Is some other program actively involved with the site (i.e., another Federal, State, or Tribal program)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are the hazardous substances potentially released at the site regulated under a statutory exclusion (i.e., petroleum, natural gas, natural gas liquids, synthetic gas usable for fuel, normal application of fertilizer, release located in a workplace, naturally occurring, or regulated by the NRC, UMTRCA, or OSHA)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are the hazardous substances potentially released at the site excluded by policy considerations (e.g., deferral to RCRA Corrective Action)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is there sufficient documentation that clearly demonstrates that there is no potential for a release that could cause adverse environmental or human health impacts (e.g., comprehensive remedial investigation equivalent data showing no release above ARARs, completed removal action, documentation showing that no hazardous substance releases have occurred, EPA approved risk assessment completed)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please explain all "yes" answer(s), attach additional sheets if necessary:

The site is be managed as a STATE LEAD  
Site by The WDNR WASTE Program.



## Site Determination:

☐ Enter the site into CERCLIS. Further assessment is recommended (explain below).☒ The site is not recommended for placement into CERCLIS (explain below).

## DECISION/DISCUSSION/RATIONALE:

In recognition of the October 1995 Brownfields Memorandum of Agreement between WDNR and EPA, this property is being addressed as a state-lead site.

Regional EPA Reviewer:

LAURA RIPLEY

Print Name/Signature

Laura J. Ripley

10/12/2004

Date

State Agency/Tribe:

LAWRENCE FOX

Print Name/Signature

Lawrence Fox

8-26-2004

Date

**Instructions:** Information sources that can be used to fill out this worksheet include: BRTS, SHWIMS, R&R files, WA files, regional geologic information resources, Waste Staff, County Solid Waste staff (if there is one for the county) and the EPA web site for CERCLIS. Other possible resources may include: city/town files, county files, aerial photos, readily available Sanborn Insurance maps and interviews with former employees or neighbors.

All comments should be referenced by section number in the Comments section, page 5.

**I. Site Name**

Site Name	County	Region
Cream City Smelting	Milwaukee	SE
Location	Is the site known by another name(s)?	
OLD LOCATION; 2726 West Evergreen Lane	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	State	If yes, Name
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of Milwaukee	WI	555 South Layton Boulevard

**II. Legal Description of Site**

Attach a map with site location and limits of fill/waste disposal area.

A. Has site been geolocated?

☐ Yes ☒ No

B. Locational Information: Other Sources

Latitude*	Longitude*
43°01'33.3"	87°56'54.5"
Date	1/4 1/4 1/4 Section Township Range E / W
	N

\*Latitude and Longitude information is required on EPA screening checklist.

**III. Site Background Information**

Responsible Municipal/Private Operator Name

Street or Route

Telephone Number

Solid Waste License ID No. (4 digits)

City

State

ZIP Code

☐ TEMP

Hazardous Waste Facility License ID No. (5 digits)

Present Property Owner Name

STAR-PARK BLUFF LIMITED PARTENERSHIP

USEPA ID No. (used for both RCRA and CERCLIS #s) (WI+Alpha+9 digit)

Street or Route

Telephone Number

BRTS ID No. (2 digit program-2 digit county-6 digit site specific)

6735 Vistagreen Way, Ste 100

City

State

ZIP Code

BRTS Activity Name

Rockford

IL

61107

☐ LUST

☐ SPILL

☐ Superfund

☐ ERP

☐ VPLE

Previous Property Owner Name

Street or Route

Telephone Number

SHWIMS Site ID No.

City

State

ZIP Code

Other

**V. Type of Site: Current and Historic (check all that apply)**

A. ☐ Landfill

☐ Approved

☐ Licensed

☐ Lined

☐ Composite liner

☐ Clay liner

☐ Other liner (silt or other)

☐ Non-approved [see s.289.01(3) Wis. Stats]

☐ Unlicensed

☐ Unlined

☐ Unengineered

☐ Construction/Demolition

☐ One-time disposal

☐ < 50,000 cubic yards

☐ 50,000-500,000 cubic yards

☐ 500,000-1 million cubic yards

☐ 1-2 million cubic yards

☐ 2-5 million cubic yards

☐ 5-10 million cubic yards

☐ 10-20 million cubic yards

# Pre-CERCLIS Screening Worksheet

Form 4400-219 (3/01)

Page 2 of 6

## V. Type of Site: Current and Historic (check all that apply), continued

Does the landfill have a closure plan? ☐ Yes ☐ No ☐ Unknown Date of Plan: \_\_\_\_\_

Does the landfill have a groundwater monitoring plan? ☐ Yes ☐ No ☐ Unknown Date of Plan: \_\_\_\_\_

Have groundwater monitoring wells been installed? ☐ Yes ☐ No ☐ Unknown

Was a cover installed? ☐ Yes ☐ No

☐ Composite cap

☐ Layered soil cap with clay barrier

☐ Clay cap

☐ Soil cap - not recompacted clay

☐ Other cover

☐ Unknown

What is the thickness of the cover?

☐ <6 in ☐ 6-12 in ☐ 12-24 in ☐ >24 in ☐ Unknown

- B. ☐ Agricultural co-op ☐ Electroplater ☐ Salvage yard  
☐ Brush pile ☐ Lagoon ☐ Service Station  
☐ Bulk plant ☒ Manufacturing Type: Lead Smelter per EPA ☐ Tannery  
☐ Coal gas manufacturer ☐ Old burn pit ☐ Unknown  
☐ Deer pit ☐ Pipeline ☐ Other: \_\_\_\_\_  
☐ Dry cleaner ☐ RCRA generator

C. Date of Most Recent Report or Correspondence	D. Date(s) of Site Operation	No. of Years	<input type="checkbox"/> Unknown
	1926 to 1962 min. time Sanborn Maps	36	

## VI. Waste Information & Geologic Environment

### A. Known or Suspected Sources/Wastes. Check all that apply.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abandoned containers          | <input type="checkbox"/> Foundry sand                           | <input type="checkbox"/> Transformer                           |
| <input type="checkbox"/> Above ground pipeline or tank | <input type="checkbox"/> Industrial accident                    | <input type="checkbox"/> Trees/brush                           |
| <input type="checkbox"/> Animal carcasses              | <input type="checkbox"/> Known or suspected hazardous materials | <input type="checkbox"/> Underground pipeline or tank          |
| <input type="checkbox"/> Buried drums                  | <input type="checkbox"/> Municipal waste                        | <input type="checkbox"/> Exempted fill [NR 500.08(1) and (2)]  |
| <input type="checkbox"/> Burning of materials          | <input type="checkbox"/> Paper mill sludge                      | <input type="checkbox"/> Unknown                               |
| <input type="checkbox"/> Demolition/construction waste | <input type="checkbox"/> Surface impoundment/lagoons            | <input checked="" type="checkbox"/> Other: <u>Lead per EPA</u> |
| <input type="checkbox"/> Fly ash                       | <input type="checkbox"/> Surface spills                         |  |

### B. Physical Characteristics of Sources/Wastes

☐ Liquid ☒ Solid ☐ Liquid & Solid ☐ Unknown

### C. Waste Containment

- |   |   |
|---|---|
| <input type="checkbox"/> Engineered cover                                   | <input type="checkbox"/> Functioning leachate collection & removal system |
| <input type="checkbox"/> Maintained <input type="checkbox"/> Not maintained | <input type="checkbox"/> Liner  |
| <input type="checkbox"/> Functioning & maintained run-off management system | <input checked="" type="checkbox"/> Unknown                               |
| <input type="checkbox"/> Functioning groundwater monitoring system          | <input type="checkbox"/> Not applicable                                   |

### D. Soil Type: Estimate distances or determinations based on regional or site specific information.

- ☒ Regional ☐ Site specific
- Clay, silt or other fine grained soils present? (lacustrine, tills, etc.) ☒ Yes ☐ No
- At surface? ☒ Yes ☐ No At depth? ☒ Yes ☐ No <50 feet
- Sand & gravel, coarse grained soils present? ☒ Yes ☐ No
- At surface? ☐ Yes ☒ No At depth? ☒ Yes ☐ No >50 feet

**VI. Waste Information & Geologic Environment, continued**

E. Depth to Groundwater: ☒ Regional ☐ Site specific 35 feet

F. Direction of Groundwater Flow: ☒ Regional ☐ Site specific E direction

G. Depth to Bedrock: ☒ Regional ☐ Site specific 135 feet

H. Bedrock Type: ☒ Regional ☐ Site specific ☐ Sandstone ☒ Limestone/Dolomite ☐ Metamorphic/Igneous

**VII. Receptor Information****A. Documentation of Site Visit**

A site visit must be conducted to complete the site screening. If you do not have access to enter the property, the site visit should be conducted from the perimeter of the site with the use of binoculars. The intent of the site visit is to determine general site conditions/on-site activities and adjacent land use encroachment issues.

On-site inspection conducted? ☒ Yes ☐ No

General site conditions: Document any observed releases and note whether you were able to walk the site. Some examples of things to be aware of include leachate seeps, or evidence of seeps such as stained soil/vegetation; stressed vegetation as a sign of gas migration to the surface, or of leachate seeps; quality and coverage of vegetation on the cap; odors which may indicate gas migration to the atmosphere; erosion of the cap; maintenance of positive drainage over the capped area; visual desiccation cracks in the cap. **Record comments on the comment page, Section X.**

Please attach the following to the end of the worksheet: ☒ Photographs, regular or digital (required) ☐ Site sketch (optional)

Name(s) of Person(s) Conducting Site Visit

Date of Site Visit

Lawrence Fox

08/13/2004

**B. Adjacent Land Uses. Indicate all directions. Check all that apply.**

<input type="checkbox"/> Agricultural	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input checked="" type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Recreational	<input type="checkbox"/> N	<input type="checkbox"/> S	<input checked="" type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Undeveloped	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Commercial	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Other: _____	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW

**C. Potential Groundwater Receptors. Estimate distances. (1 mile = 5,280')**

Distance to and direction of nearest municipal well: \_\_\_\_\_ feet ☐ > ½ mile from the waste \_\_\_\_\_ direction

Distance to and direction of nearest other-than-municipal well: \_\_\_\_\_ feet ☐ > ½ mile from the waste \_\_\_\_\_ direction

Distance to and direction of nearest non-community well: \_\_\_\_\_ feet ☐ > ½ mile from the waste \_\_\_\_\_ direction

Distance to and direction of nearest private well: \_\_\_\_\_ feet ☐ > ½ mile from the waste \_\_\_\_\_ direction

Distance to and direction of nearest residence: 60 feet ☐ > ½ mile from the waste S direction

13 No. of homes within 300 feet of waste (gas migration potential)

37 No. of homes between 300 & 1,000 ft to waste (gas migration potential)

Distance to and direction of nearest building: 0 feet ☐ > ½ mile from the waste \_\_\_\_\_ direction

Type of building: ☒ On-site building ☐ Municipal ☒ Residential ☐ Commercial ☐ Industrial ☐ Unknown

Indicate any other information on attached comment sheet.

**D. Potential Surface Water Receptors. Estimate distances.**

<input type="checkbox"/> Creek: _____ feet	<input type="checkbox"/> Drainage ditch: _____ feet	<input type="checkbox"/> Intermittent stream: _____ feet
<input checked="" type="checkbox"/> River: <u>650</u> feet	<input checked="" type="checkbox"/> Lake: <u>1,452</u> feet	<input type="checkbox"/> Wetland: _____ feet

**VII. Receptor Information, continued**

E. Based on the site visit, did you visually observe. . .

- |                                       |                              |  |                                  |
|---------------------------------------|------------------------------|--|----------------------------------|
| 1. a release to a surface water body? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 2. a leachate seep?                   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 3. a release to soils?                | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |
| F. Any odors of concern?              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |

**VIII. Database Selection & Screening Decision**

A. Is there analytical data for the media of concern?

- |                            |                              |  |                              |
|----------------------------|------------------------------|--|------------------------------|
| 1. Groundwater:            | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Soil:                   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Surface water/sediment: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Air:                    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

If yes, go to B. If no, go to C

B. Based on analytical data from A, is there a documented release to the environment?

- ☐ Yes: ☐ Groundwater ☐ Soil ☐ Surface water/sediment ☐ Air
- ☐ No

If yes, the site goes into BRRTS - go to F. If no, go to C.

C. Based on answers to question VII E and F, did you observe a release to surface water, leachate seep, soil or air?

- ☐ Yes - go to F
- ☒ No - go to D

D. Based on known or suspected sources/wastes, their physical characteristics, containment &amp; geologic environment, do you suspect there has been or will be a release to the environment?

- ☒ Yes: ☒ Groundwater ☒ Soil ☐ Surface water/sediment ☐ Air
- ☐ No

If yes, go to F. If no, go to E.

E. If there is NOT a likelihood of a release or a visually observed release of concern, does the site fit any of the following archive criteria?

- ☐ Yes
- ☐ 1. No documented waste disposal and no evidence on-site
- ☐ 2. Documented waste removal and no evidence on-site
- ☐ 3. Waste type is no longer regulated and is not a threat to public health, safety, welfare or the environment. [See NR500.08(1)&(2)]
- ☐ 4. Almost no site information and unable to locate site

If yes to any of the criteria, the site is archived - site goes to archive list

☒ No, site does NOT fit archive criteria.

If archive criteria are not met, site goes to SHWIMS - skip F and G

F. Based on proximity to receptors, environmental data or observations, and other relevant factors, is there a need for immediate action? (Is there a known or high potential for an imminent threat to human health?)

- ☐ Yes: Should state/local health departments be contacted? ☐ Yes ☐ No
- ☒ No

G. Based on known or suspected sources/wastes, their physical characteristics, containment &amp; geologic environment at this site, is initial or further sampling recommended?

- ☒ Yes: ☒ Initial ☒ Groundwater ☒ Soil ☐ Surface water ☐ Air (landfill gas)
- ☐ Further ☐ Groundwater ☐ Soil ☐ Surface water ☐ Air (landfill gas)
- ☐ No
- ☐ Continue: current monitoring schedule as per Waste Management Program

**IX. Sampling Explanation & Other Work Recommended**

A. To document your decision for future project managers/staff, briefly explain the rationale for the overall site decision and sampling recommendation. To facilitate sampling, please include the receptor information including well(s) location/address, owner's name, mailing address, and phone number.

B. If you believe additional work is needed or not needed (addressing leachate problems, exposed waste, inadequate cover, etc.) please indicate on comment page.

---

**X. Comments**

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Section I. - Address and site name: The address changed after a multifamily dwelling was built on the site. Now the multifamily dwelling faces South Layton Boulevard and has the address 555 South Layton Boulevard.

Section VII. - The site inspection revealed a large multifamily structure built in place where the smelter used to exist. On the north side of the building there is asphalt concrete and grassy areas that could be sampled and examined for impacts. This is part of the area where the smelter did exist and the building foot print does not cover the area.

Section IX. - The location for the placement of boreholes for soil sampling is described above. Some of the boreholes can be converted to groundwater monitoring wells. The current owner is out-of-state Star-Park Bluff Ltd Partnership, 6735 Vistagreen Way Suite 100, Rockford, IL 61107. Do not have the phone number.

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**XI. CERCLIS Screening Decision**

- ☐ Site is in CERCLIS
- ☐ Site is in CERCLIS as NFRAP (no further remedial action planned)
- ☒ DO NOT add to CERCLIS -- see attached EPA Checklist
- ☐ Add site to CERCLIS\* -- see attached EPA Checklist  
DNR Regional Office recommends that a Superfund Preliminary Assessment/Site Investigation be conducted by the Region, with potential for a Hazard Ranking Score and inclusion on the NPL

Signature of Team Supervisor

Date

\*Only sites that are being added to CERCLIS require the signature of the RR Team Supervisor.

**XII. BRRTS, SHWIMS, & Archive Information****Note: All sites, except archived sites, must be in SHWIMS or added to SHWIMS to be tracked as a waste disposal area.****SHWIMS:**

- ☐ Site is in SHWIMS
- ☐ Update information in SHWIMS, attach printout with changes highlighted
- ☒ Add site to SHWIMS (if VIII E is no)

**BRRTS:**

- ☐ Site is in BRRTS
- ☐ Update information in BRRTS, attach activity detail report with changes highlighted
- ☐ Add site to BRRTS, follow regional procedure (If VIII B is yes)

**Archive:**

- ☐ Archive site (If VIII E is yes)

Print Name of Screener

Date

Lawrence Fox

9-7-2004

Signature of Screener

Date

9-7-2004

Name of EIR Reviewer, if different than screener





North View looking East along side of building.



Looking East at the end of the building.



Looking South at the back of the building where samples would be collected.



Looking West at the front of the building Southern half.





# CITY OF MILWAUKEE


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## PROPERTY ASSESSMENT RESULTS

TAX ACCOUNT BALANCE

### GENERAL INFORMATION

ADDRESS	555 THRU 555 S LAYTON BL
TAXKEY	424-0201-110-0
OWNER	STAR-PARK BLUFF LTD PTN
OWNER ADDRESS	6735 VISTAGREEN WAY STE 100 ROCKFORD, IL 611070000

### ASSESSMENT

	2004	2003
LAND	\$282,300	\$282,300
IMPROVEMENTS	\$4,867,700	\$4,867,700
TOTAL	\$5,150,000	\$5,150,000
CURRENT CLASS	APARTMENTS	

*Subsidiary Service, Inc.  
1000 N. Water St. Ste 2100*

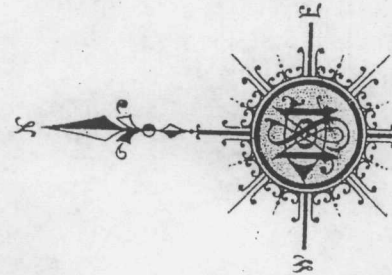
Assessments reflect the estimated value on January 1st of the indicated year.

### OTHER PROPERTY INFORMATION

- LAST CONVEYANCE:
  - DATE: 08/02
  - TRANSFER FEE: \$105.00 ([CLICK HERE FOR FEE EXPLANATION](#))
- STORIES: 0.0
- RESIDENTIAL BUILDING STYLE:
- EXTERIOR WALL TYPE:
- YEAR BUILT: 0000
- DWELLING UNITS: 0 ([CLICK HERE FOR DWELLING UNITS EXPLANATION](#))
- TOTAL SQUARE FEET FLOOR AREA: 0
  - FIRST FLOOR AREA:
  - SECOND FLOOR AREA:
  - THIRD FLOOR AREA:

0

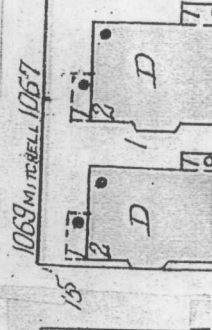
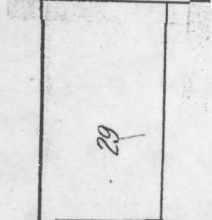
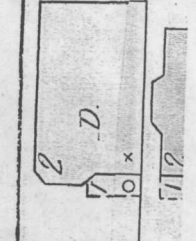
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1926  
VIADUCT.



PLASTER  
CAST MFG.

253  
(F.P.L.S.)

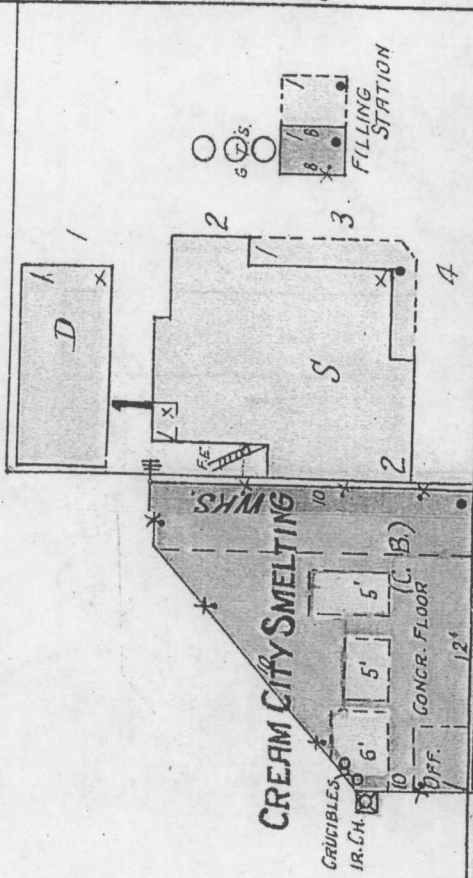
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MITCHELL PARK DRIVE

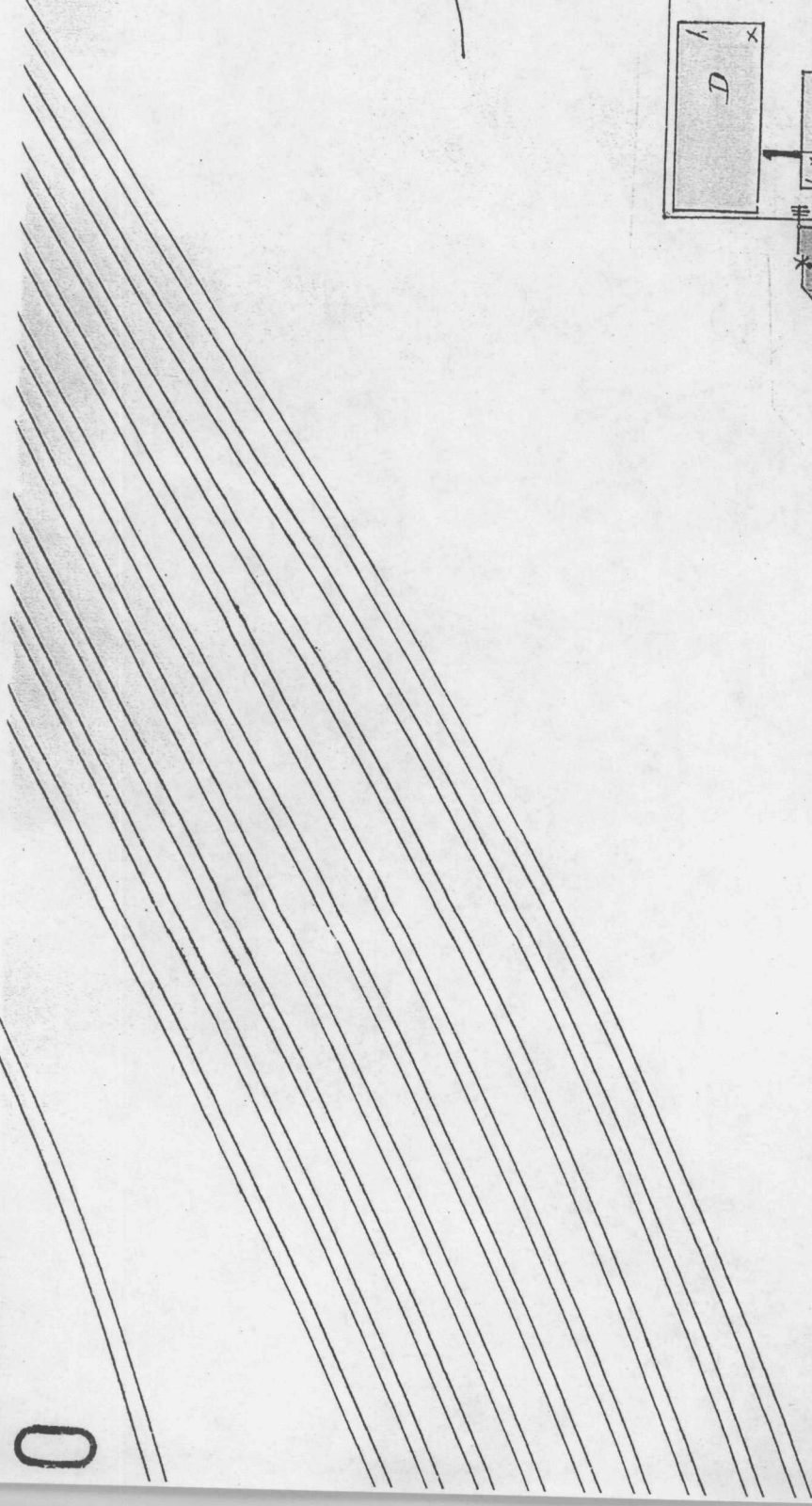
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1074  
HEAT, STOVE, LIGHTS, ELE.  
NO POWER.



251 LAYTON BLVD.

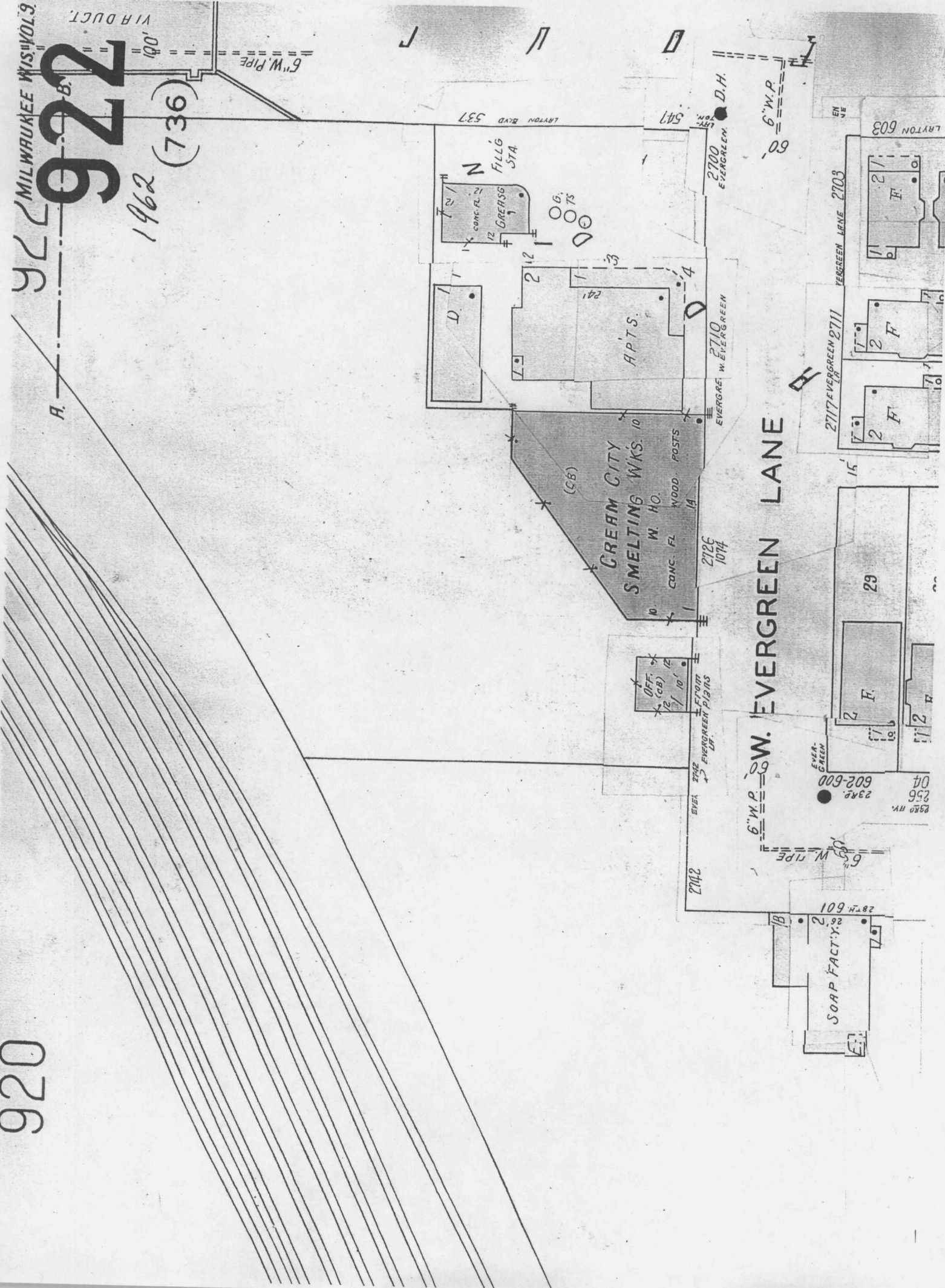
6" W. PIPE



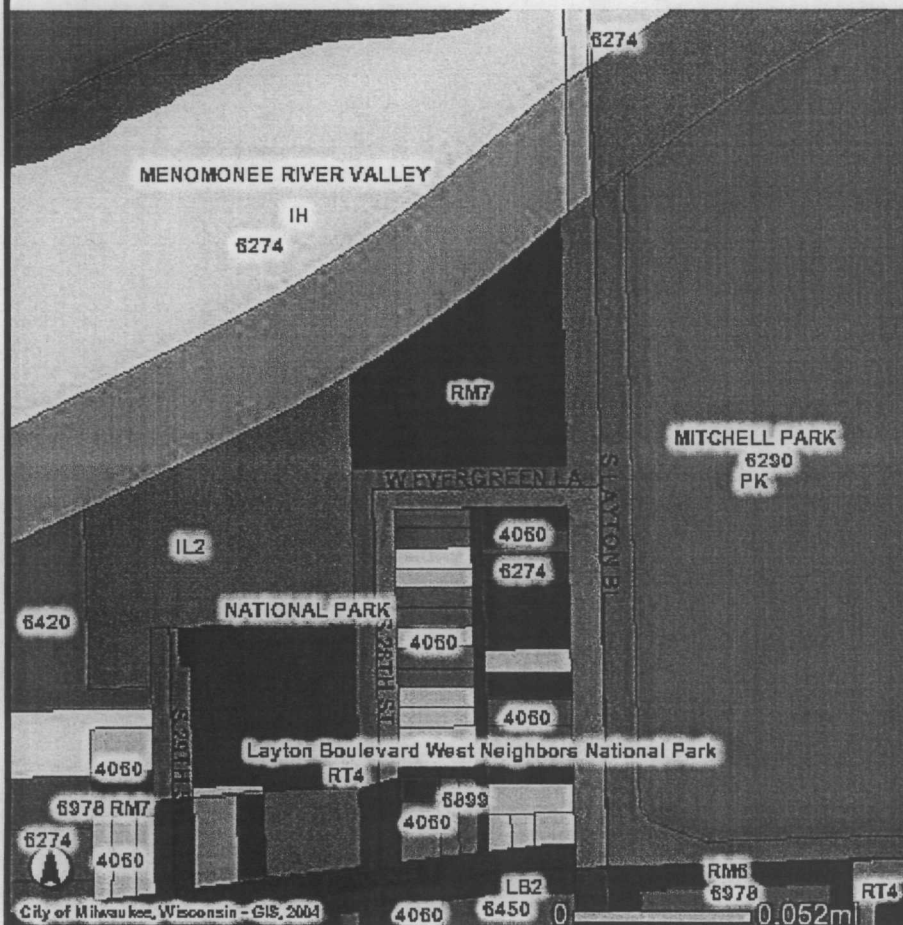
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MILWAUKEE WIS. VOL. 9  
922  
B.

1962 (736)



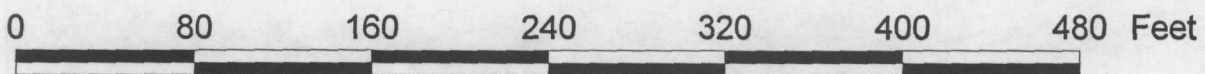




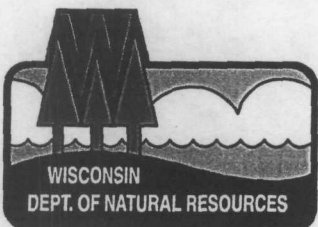
RM 7 - Multi-family

# Cream City Smelting Works

Township 7 N, Range 21 E, Section 36, NE 1/4, SE 1/4



 Cream City Smelting Works



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